

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-050662
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 73

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Mountain Grove

Length of stay in lb

30 min.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Elms Clinic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Wright

admission)

c. CITY

OR TOWN Manes

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Montgomery Township

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Walter

Middle

Virgil Wade

Last

4. DATE OF DEATH

Month

Day

Year

December 28 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/14/ 1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Manes, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Marion Wade

13b. MOTHER'S MAIDEN NAME

Hattie Regina Breedlove

14. NAME OF HUSBAND OR WIFE

Effie Nipper Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

321

17. INFORMANT

Effie Wade

Address

Manes, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY Thrombosis

2 years

DUE TO (c)

ARTERIOSCLEROSIS

undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 26, 1963, to Dec 28, 1963 and last saw him alive on Dec 28, 1963
Death occurred at 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Richard B. Mitchem

22b. ADDRESS

Mountain Grove, Mo.

22c. DATE SIGNED

12/30/63.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/30/1963

23c. NAME OF CEMETERY OR CREMATORY

Manes Cemetery

23d. LOCATION (City, town, or county)

Manes Mo.

24. FUNERAL DIRECTOR

ADDRESS

Barber Funeral Home Mtn, Grove, Mo.

25. DATE RECD. BY LOCAL REG.

12-30-1963

26. REGISTRAR'S SIGNATURE

Bernard Scherman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1141
2 1140
3
4 0
5 1
6
7 0
8 0
9 12/20
10
11
12 120-2
13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George Stapp

Licensed Embalmer No.

361

P. O. Address

McK. Green, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.